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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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| | P94000042713 | (5) |
| 1. Corporation Name | | |

FAMOUS GREEK SALADS OF FLORIDA, INC.

| Discipal Disco of Busines | | Mailing Address | | | | | | | 111 1111 1 11 1 | |
|--|--|--|--------------------------------|---|--|---|----------------------|----------------------------|--|--|
| Principal Place of Business 10041 NORTH DALE MABRY TAMPA FL 34618 Mailing Address 10041 NORTH DALE MABRY TAMPA FL 34618 | | | | | | | | | | |
| | | | | | | Date incorporated or Qualified 06/03/1994 | 1 | te of Last Re 4/28/1995 | - | |
| 2. Principal Place of Busi | ness | 2a. Mailing Addre | | | | 4. FEI Number | | A | pplied For | |
| 1 | | 26 | | | | 59-3256893 | | | lot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. # | , etc. | | | 5. Certificate of Status Desired | [] | T - | Additional Required | |
| 2 | | City & State | · | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| City & State | | 28 | | | | Trust Fund Contribution | | Added | to Fees | |
| 7p | Country | Zip | | Country | | 8. This corporation has liability for | intangible t | tax under s | 199.032, | |
| 4 | 25 | 29 | 30 | 1 | | Florida Stalutes Yes 10. Name and Address of New F | : []No Registered | Agent | | |
| g, Nam | e and Address of Curre | ent Registered Agent | | 81 | Name | 10. Name and Address of New . | 109.010.01 | | | |
| | 14 B | | | 82 | | (I) O Flew Munches in Net Accountab | hla) | | | |
| MANGOS, CYNTHIA P | | | | | Street Addr | ess (P.O. Box Number is Not Acceptable) | | | | |
| 10041 NORTH DA | LE MADRI | | | 83 | | | | | | |
| TAMPA FL 34618 | | | | | City | | FL | | 85 Zip Code | |
| | 000000 | 20 1007 1000 Florid | to Clot doc th | o atroup | named corno | oration submits this statement for the purerly of directors. Thereby accept the app | uncee of cl | hanoing its re | egistered offic | |
| | | | | y the corp | oration's boa | ard of directors. I hereby accept the app | | | | |
| or registered agent, familiar with, and acc SIGNATURE | or both, in the State of 10 cept the obligations of, Second or printed name of registers Lag. | ction 607.0505, Florida | Statutes | , (110 001) | 0.000 | ard of directors. I hereby accept the app | DATE | ND DIRECTO | RS IN 12 | |
| or registered agent, familiar with, and acc SIGNATURE Signature, type 12. | or both, in the State of 10 cept the obligations of, Second or printed name of registers Lag. | ction 607.0505, Florida | Statutes (NOIE R | gistera Āņe | 0.000 | ew Lyzha, tri rôznystat fejif | DATE | | | |
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SIGNATURE: Cysthia P. Manyor Cynthia P. MAN905
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 813-962-0233